

Bureau of Health Care Quality and Compliance

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS53AGC | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/04/2010 |
| NAME OF PROVIDER OR SUPPLIER BETTER LIVING FOR SENIORS | | STREET ADDRESS, CITY, STATE, ZIP CODE 9712 ENNISKEEN AVE LAS VEGAS, NV 89129 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| Y 000 | <p>Initial Comments</p> <p>Surveyor: 27364</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility on, 2/4/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and nine employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a grade of C.</p> <p>The following deficiencies were identified:</p> | Y 000 | | |
| Y 103 SS=F | <p>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> | Y 103 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| Y 103 | Continued From page 1 This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review on 2/4/10, the facility failed to ensure 2 of 9 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing or new employee physical for the protection of all residents (Employee #1 no x-ray, or physical and #8 no date on x-ray). Severity: 2 Scope: 3 | Y 103 | | |
| Y 105 SS=F | 449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review on 2/4/10, the facility failed to ensure 4 of 9 employees met background check requirements (Employee #1, #2, #3 and #8). Employee #3's FBI background check was expired. This was a repeat deficiency from the 2/12/09 State Licensure survey. Severity: 2 Scope: 3 | Y 105 | | |

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| Y 106 Y 106 SS=E | Continued From page 2 449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review on 2/4/10, the facility failed to ensure that 2 of 8 employees were trained in first aid and cardiopulmonary resuscitation (Employee #1, and #2). This was a repeat deficiency from the 2/12/09 State Licensure survey. Severity: 2 Scope: 2 | Y 106 Y 106 | | | |
| Y 178 SS=E | 449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: | Y 178 | | | |

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| Y 178 | Continued From page 3 Surveyor: 27364 Based on observation on 2/4/10, there was cracked glass on 2 of 6 bedroom windows (Bedroom #5 and the Master Bedroom), Severity: 2 Scope: 2 | Y 178 | | |
| Y 621 SS=F | 449.2702(4)(b) Admission Policy NAC 449.2702 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (b) Requires restraint. This Regulation is not met as evidenced by: Surveyor: 27364 NAC 449.2702 6. As used in this section: (b) "Restraint" means: (1) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms; (2) A manual method for restricting a resident's freedom of movement or his normal access to his body; or (3) A device or material or equipment which is attached to or adjacent to a resident's body that cannot be removed easily by the resident and restricts the resident's freedom of movement or his normal access to his body. Based on observation, interview and record review on 2/4/10, the facility failed to ensure 4 of 6 residents were not restrained with the use of full | Y 621 | | |

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| Y 621 | Continued From page 4 side bed rails. Severity: 2 Scope: 3 | Y 621 | | | |
| Y 878 SS=D | 449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation, interview and record review on 2/4/10, the facility would be unable to administer as needed (PRN) medications as prescribed for 1 of 6 residents because their PRN medications was not available in the facility (Resident 5 - Lorazepam 2 mg/ml). This was a repeat deficiency from the 2/12/09 State Licensure survey. Severity: 2 Scope: 1 | Y 878 | | | |
| Y 885 SS=D | 449.2742(9) Medication / Destruction | Y 885 | | | |

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| Y 885 | <p>Continued From page 5</p> <p>NAC 449.2742</p> <p>9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.</p> <p>This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation and interview on 2/4/10, the facility failed to destroy medications for 1 of 6 residents after they were discontinued (Resident # 4 -Warfarin 4 mg tabs)..</p> <p>This was a repeat deficiency from the 2/12/09, State Licensure survey.</p> <p>Severity: 2 Scope: 1</p> | Y 885 | | | |

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